

10083877

JAN 13 2009

510(k) Premarket Notification

FLYING Diagnostic Ultrasound system

3.2 Summary of Safety and Effectiveness

This summary of 510(k) safety and effectiveness information is submitted in accordance with the requirements of the Safe Medical Devices Act of 1990 as implemented in 21 C.F.R. §807.92.

The submitter of this premarket notification is:

Tian Yanfang

Manager of Quality Management Department
No.16 Shiji Road, Hunnan District, Shenyang, China, 110179
T: +86 24 83660649
F: +86 24 83780480

This summary was prepared on May 19, 2008.

The proprietary name of the device is the FLYING Diagnostic Ultrasound System. In combination with transducers - L12-3, L12-5 50, 15-6L, S4-2, S8, C5-2, D5009V, E6509, C8-4V- are commonly known as a diagnostic ultrasound system and transducers.

These devices are classified as follows:

90IYN	Ultrasonic Pulsed Doppler Imaging System
90IYO	Ultrasonic Pulsed Echo Imaging System
90ITX	Diagnostic Ultrasound Transducer

As stated in 21 CFR, parts 892.1550, 892.1560 and 892.1570, each of these generic types of devices have been classified as Class II.

The FLYING is a diagnostic ultrasound device. It consists of a system console containing the power supply and electronic circuitry required to generate the image, a display screen, and a connection to the separate transducers. It is substantially equivalent to the currently marketed M2540 ultrasound systems and transducers cleared in K014191 and Boris platform diagnostic ultrasound system cleared in K030455.

The FLYING system and transducers function in a manner identical to all Philips ultrasound systems and transducers. The system circuitry generates an electronic voltage pulse, which is transmitted to the transducer. In the transducer, a piezo-electric array converts the electronic pulse into an ultrasonic pressure wave. When coupled to the body, the pressure wave transmits through body tissues. The differing acoustic properties of the tissues in the body reflect some of the transmitted energy back to the transducer, where it is converted back to electrical signals and sent back to the system. In the system, advanced signal processing technologies convert the returned signals into images of the tissues. The Doppler functions of this system process the Doppler shift frequencies from the echoes of moving targets (such as blood), to detect and graphically display the Doppler shifts of these tissues as flow.

The FLYING is intended for diagnostic ultrasound imaging and fluid flow analysis. It is intended for diagnostic ultrasound imaging in B, M, Pulse Wave Doppler, Continuous Wave Doppler, Panoramic, Color Power Angio (CPA, formerly Angio), 3D, Harmonics, Directional Angio Imaging, Tissue Doppler Imaging and combined mode (see table 4.3.2). It is indicated for diagnostic ultrasound imaging and fluid flow analysis in the following applications: Ophthalmic, Fetal, Abdominal, Pediatric, Intraoperative (vascular, epicardial, neuro), Musculoskeletal, Peripheral Vascular, Small Organ, Cardiac (Adult, Pediatric), Endocavity (Trans-rectal, Trans-vaginal), Adult and Neonatal Cephalic, Gynecological

The FLYING is substantially equivalent in safety and effectiveness to the predicates identified above:

- Both the predicate device and the FLYING are indicated for the diagnostic ultrasonic imaging and fluid flow analysis.
- Both the predicate device and the FLYING have the same gray-scale and Doppler capabilities.
- Both the predicate device and the FLYING use essentially the same technologies for imaging, Doppler functions and signal processing.
- Both the predicate device and the FLYING have acoustic output levels below the Track 3 FDA limits.
- Both the predicate device and the FLYING are manufactured under equivalent quality systems.
- Both the predicate device and the FLYING are manufactured of materials with equivalent biosafety. The materials have been evaluated and found to be safe for this application.
- Both the predicate device and FLYING are designed and manufactured to the same electrical and physical safety standards.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Neusoft Medical Systems Co., Ltd.
% Mr. Tamas Borsai
Division Manager, Medical Division
TÜV Rheinland of North America
12 Commerce Road
NEWTOWN CT 06470

JAN 13 2009

Re: K083877

Trade/Device Name: FLYING Diagnostic Ultrasound System
Regulation Number: 21 CFR 892.1550
Regulation Name: Ultrasonic pulsed doppler imaging system
Regulatory Class: II
Product Code: IYO, ITX, and IYN
Dated: December 23, 2008
Received: December 29, 2008

Dear Mr. Borsai:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

This determination of substantial equivalence applies to the following transducers intended for use with the FLYING Diagnostic Ultrasound System, as described in your premarket notification:

Transducer Model Number

S4-2 Sector

S8 Sector

L12-3 Linear Array

L12-5 50 Linear

15-6L Linear Array

C5-2 Curved Linear
C8-4v Curved Linear
E6509 Endocavity
D5009V Non-imaging pencil

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus permits your device to proceed to market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>

If you have any questions regarding the content of this letter, please contact Paul Hardy at (240) 276-3666.

Sincerely yours,



for Janine M. Morris
Acting Director, Division of Reproductive,
Abdominal, and Radiological Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure(s)

4.3.2 Indications for Use Tables

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE FORM

510(k) Number: K083877Device name: FLYING Diagnostic Ultrasound SystemIntended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation						
General (Track I Only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler	Combined (Specify)	Other* (Specify)
Ophthalmic	Ophthalmic	N		N	N	N	N	N
Fetal Imaging & Other	Fetal/Obstetric	N	N	N	N	N	N	N
	Abdominal	N	N	N	N	N	N	N
	Intra-operative (vascular/epicardial)	N	N	N	N	N	N	N
	Intra-operative (Neuro)	N	N	N		N	N	N
	Laparoscopic							
	Pediatric	N	N	N	N	N	N	N
	Small Organ (thyroid, scrotum, prostate, breast)	N	N	N		N	N	N
	Neonatal Cephalic	N	N	N		N	N	N
	Adult Cephalic	N	N	N	N	N	N	N
	Trans-rectal	N	N	N		N	N	N
	Trans-vaginal	N	N	N		N	N	N
	Trans-urethral							
	Trans-esoph. (non-Card.)							
	Intra-luminal							
	Other (Gynecological)	N	N	N	N	N	N	N
Cardiac	Cardiac Adult	N	N	N	N	N	N	N
	Cardiac Pediatric	N	N	N	N	N	N	N
	Trans-esoph. (Cardiac)							
	Other (Fetal)	N	N	N		N	N	N
Peripheral Vessel	Peripheral vessel	N	N	N	N	N	N	N
	Other (Specify)							
	Musculo-skel (conventional)	N	N	N		N	N	N
	Musculo-skel (superficial)	N	N	N		N	N	N

N= new indication; P= previously cleared by FDA; E= added under Appendix E

* Other modes: Color Power-Angio, 3-D Imaging, Panoramic, Harmonics (Tissue & Contrast), , Directional Angio Imaging, Tissue Doppler Imaging

Combined modes: Duplex = 2D + Doppler; Triplex = 2D + Doppler + Color

Previous submission: No previous 510(k)s are associated with this product

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Concurrence of Center for Devices and Radiological Health, Office of Device Evaluation

Prescription Use (Per 21 CFR 801.109)

(Division Sign-Off)

Division of Reproductive, Abdominal,
and Radiological Devices

510(k) Number

K083877

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE FORM

510(k) Number: _____

System: FLYING Diagnostic Ultrasound System

Transducer: S4-2 Sector transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation						
General (Track I Only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler	Combined (Specify)	Other* (Specify)
Ophthalmic	Ophthalmic	P		P	P	P	P	P
Fetal Imaging & Other	Fetal/Obstetric	P	P	P	P	P	P	P
	Abdominal	P	P	P	P	P	P	P
	Intra-operative (vascular/epicardial)							
	Intra-operative (Neuro)							
	Laparoscopic							
	Pediatric	P	P	P	P	P	P	P
	Small Organ (thyroid, scrotum, prostate, breast)							
	Neonatal Cephalic							
	Adult Cephalic	P	P	P	P	P	P	P
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Card.)							
	Intra-luminal							
	Other (Gynecological)	P	P	P	P	P	P	P
Cardiac	Cardiac Adult	P	P	P	P	P	P	P
	Cardiac Pediatric	P	P	P	P	P	P	P
	Trans-esoph. (Cardiac)							
	Other (Fetal)							
Peripheral Vessel	Peripheral vessel	E	E	E	E	E	E	E
	Other (Specify)							
	Musculo-skel (conventional)							
	Musculo-skel (superficial)							

N= new indication; P= previously cleared by FDA; E= added under Appendix E

*Other modes include: Color Power Angio, 3D, Panoramic, Harmonics, Directional Angio Imaging, Tissue Doppler Imaging

Combined modes: Duplex = 2D + Doppler; Triplex = 2D + Doppler + Color

Previous submission: K014191 for Ophthalmic, Fetal, Abdominal, Pediatric, Adult Cephalic, Adult & Pediatric Cardiac. K043535 for Gynecological, Peripheral Vessel.

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Concurrence of Center for Devices and Radiological Health, Office of Device Evaluation

Prescription Use (Per 21 CFR 801.109)

(Division Sign-Off)

Division of Reproductive, Abdominal,
and Radiological Devices

510(k) Number

K083877

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE FORM

510(k) Number:

System: FLYING Diagnostic Ultrasound System

Transducer: S8 Sector transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation						
General (Track I Only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler	Combined (Specify)	Other* (Specify)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal/Obstetric	P	P	P		P	P	P
	Abdominal	P	P	P	P	P	P	P
	Intra-operative (vascular/epicardial)							
	Intra-operative (Neuro)							
	Laparoscopic							
	Pediatric	P	P	P	P	P	P	P
	Small Organ (thyroid, scrotum, prostate, breast)							
	Neonatal Cephalic	P	P	P		P	P	P
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Card.)							
	Intra-luminal							
	Other (Gynecological)	P	P	P	P	P	P	P
Cardiac	Cardiac Adult	P	P	P	P	P	P	P
	Cardiac Pediatric	P	P	P	P	P	P	P
	Trans-esoph. (Cardiac)							
	Other (Fetal)							
Peripheral Vessel	Peripheral vessel	P	P	P		P	P	P
	Other (Specify)							
	Musculo-skel (conventional)							
	Musculo-skel (superficial)							

N= new indication; P= previously cleared by FDA; E= added under Appendix E

*Other modes: Color Power Angio, 3D, Panoramic, Directional Angio Imaging, Tissue Doppler Imaging

Combined modes: Duplex = 2D + Doppler, Triplex = 2D + Doppler + Color

Previous submission: K014191

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Concurrence of Center for Devices and Radiological Health, Office of Device Evaluation

Prescription Use (Per 21 CFR 801.109)

(Division Sign-Off)

Division of Reproductive, Abdominal,
and Radiological Devices

510(k) Number

K083877

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE FORM

510(k) Number: _____

System: FLYING Diagnostic Ultrasound System

Transducer: L12-3 Linear Array Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation						
General (Track I Only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler	Combined (Specify)	Other* (Specify)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal/Obstetric							
	Abdominal	P	P	P		P	P	P
	Intra-operative (vascular/epicardial)							
	Intra-operative (Neuro)							
	Laparoscopic							
	Pediatric	P	P	P		P	P	P
	Small Organ (thyroid, scrotum, prostate, breast)	P	P	P		P	P	P
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Card.)							
	Intra-luminal							
	Other (Gynecological)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esoph. (Cardiac)							
	Other (Fetal)							
Peripheral Vessel	Peripheral vessel	P	P	P		P	P	P
	Other (Specify)							
	Musculo-skel (conventional)	P	P	P		P	P	P
	Musculo-skel (superficial)	P	P	P		P	P	P

N= new indication; P= previously cleared by FDA; E= added under Appendix E

*Other modes: Color Power Angio, Panoramic, Harmonics (Tissue & Contrast), 3-D Imaging, Directional Angio Imaging

Combined modes: Duplex = 2D + Doppler; Triplex = 2D + Doppler + Color

Previous submission: K014191

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Concurrence of Center for Devices and Radiological Health, Office of Device Evaluation

Prescription Use (Per 21 CFR 801.109)

(Division Sign-Off)

Division of Reproductive, Abdominal,
and Radiological Devices

510(k) Number

K083877

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE FORM

510(k) Number: _____

System: FLYING Diagnostic Ultrasound System

Transducer: L12-5 50 Linear Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation						
General (Track I Only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler	Combined (Specify)	Other* (Specify)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal/Obstetric							
	Abdominal	E	E	E		E	E	E
	Intra-operative (vascular/epicardial)	E	E	E		E	E	E
	Intra-operative (Neuro)							
	Laparoscopic							
	Pediatric	P	P	P		P	P	P
	Small Organ (thyroid, scrotum, prostate, breast)	P	P	P		P	P	P
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Card.)							
	Intra-luminal							
	Other (Gynecological)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esoph. (Cardiac)							
	Other (Fetal)							
Peripheral Vessel	Peripheral vessel	P	P	P		P	P	P
	Other (Specify)							
	Musculo-skel (conventional)	P	P	P		P	P	P
	Musculo-skel (superficial)	P	P	P		P	P	P

N= new indication; P= previously cleared by FDA; E= added under Appendix E

*Other modes: Color Power Angio, Panoramic, Directional Angio Imaging

Combined modes: Duplex = 2D + Doppler; Triplex = 2D + Doppler + Color

Previous submission: K991671 for Intraoperative (Abdominal and Vascular Small Parts,) Musculo-skeletal (conventional and Superficial), Pediatric, Peripheral Vascular

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Concurrence of Center for Devices and Radiological Health, Office of Device Evaluation

Prescription Use (Per 21 CFR 801.109)

(Division Sign Off)

Division of Reproductive, Abdominal,
and Radiological Devices510(k) Number K083877

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE FORM

510(k) Number: _____

System: FLYING Diagnostic Ultrasound System

Transducer: 15-6L Linear array transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation						
General (Track I Only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler	Combined (Specify)	Other* (Specify)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal/Obstetric							
	Abdominal							
	Intra-operative (vascular/epicardial)	P	P	P		P	P	P
	Intra-operative (Neuro)	P	P	P		P	P	P
	Laparoscopic							
	Pediatric	P	P	P		P		P
	Small Organ (thyroid, scrotum, prostate, breast)	P	P	P		P	P	P
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Card.)							
	Intra-luminal							
	Other (Gynecological)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esoph. (Cardiac)							
	Other (Fetal)							
Peripheral Vessel	Peripheral vessel	P	P	P		P	P	P
	Other (Specify)							
	Musculo-skel (conventional)	P	P	P		P	P	P
	Musculo-skel (superficial)							

N= new indication; P= previously cleared by FDA; E= added under Appendix E

*Other modes: Amplitude Doppler, Panoramic, Directional Angio Imaging

Combined modes: Duplex = 2D + Doppler; Triplex = 2D + Doppler + Color

Previous submission: K014191

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Concurrence of Center for Devices and Radiological Health, Office of Device Evaluation

Prescription Use (Per 21 CFR 801.109)

(Division Sign-Off)

Division of Reproductive, Abdominal,
and Radiological Devices

510(k) Number

K083877

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE FORM

510(k) Number:

System: FLYING Diagnostic Ultrasound System

Transducer: C5-2 Curved Linear Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation						
General (Track I Only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler	Combined (Specify)	Other* (Specify)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal/Obstetric	P	P	P		P	P	P
	Abdominal	P	P	P		P	P	P
	Intra-operative (vascular/epicardial)							
	Intra-operative (Neuro)							
	Laparoscopic							
	Pediatric	P	P	P		P	P	P
	Small Organ (thyroid, scrotum, prostate, breast)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Card.)							
	Intra-luminal							
	Other (Gynecological)	P	P	P		P	P	P
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esoph. (Cardiac)							
	Other (Fetal)							
Peripheral Vessel	Peripheral vessel	P	P	P		P	P	P
	Other (Specify)							
	Musculo-skel (conventional)							
	Musculo-skel (superficial)							

N= new indication; P= previously cleared by FDA; E= added under Appendix E

*Other modes: Color Power Angio, Panoramic, Harmonics (Tissue & Contrast), 3-D Imaging, Directional Angio Imaging, iSCAN, Doppler/2D

Combined modes: Duplex = 2D + Doppler; Triplex = 2D + Doppler + Color, Dual

Previous submission: K043535

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Concurrence of Center for Devices and Radiological Health, Office of Device Evaluation

Prescription Use (Per 21 CFR 801.109)

(Division Sign-Off)

Division of Reproductive, Abdominal,
and Radiological Devices

510(k) Number

K083877

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE FORM

510(k) Number: _____

System: FLYING Diagnostic Ultrasound System

Transducer: C8-4v Curved Linear Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation						
General (Track I Only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler	Combined (Specify)	Other* (Specify)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal/Obstetric	P	P	P		P	P	P
	Abdominal							
	Intra-operative (vascular/epicardial)							
	Intra-operative (Neuro)							
	Laparoscopic							
	Pediatric							
	Small Organ (thyroid, scrotum, prostate, breast)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal	P	P	P		P	P	P
	Trans-urethral							
	Trans-esoph. (non-Card.)							
	Intra-luminal							
	Other (Gynecological)	P	P	P		P	P	P
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esoph. (Cardiac)							
	Other (Fetal)							
Peripheral Vessel	Peripheral vessel							
	Other (Specify)							
	Musculo-skel (conventional)							
	Musculo-skel (superficial)							

N= new indication; P= previously cleared by FDA; E= added under Appendix E

*Other modes: SonoCT, X-Res, Color Power Angio, Panoramic, 3-D Imaging, Directional Angio Imaging

Combined modes: Duplex = 2D + Doppler; Triplex = 2D + Doppler + Color, Dual

Previous submission: K043535 for Fetal, Trans-vaginal. K961459 for Fetal, Trans-vaginal, Gynecological.

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Concurrence of Center for Devices and Radiological Health, Office of Device Evaluation

Prescription Use (Per 21 CFR 801.109)

(Division Sign-Off)

Division of Reproductive, Abdominal,
and Radiological Devices

510(k) Number

K083877

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE FORM

510(k) Number: _____

System: FLYING Diagnostic Ultrasound System

Transducer: E6509 Endocavity transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation						
General (Track I Only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler	Combined (Specify)	Other* (Specify)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal/Obstetric	P	P	P		P	P	P
	Abdominal							
	Intra-operative (vascular/epicardial)							
	Intra-operative (Neuro)							
	Laparoscopic							
	Pediatric							
	Small Organ (thyroid, scrotum, prostate, breast)	P	P	P		P	P	P
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal	P	P	P		P	P	P
	Trans-vaginal	P	P	P		P	P	P
	Trans-urethral							
	Trans-esoph. (non-Card.)							
	Intra-luminal							
	Other (Gynecological)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esoph. (Cardiac)							
	Other (Fetal)							
Peripheral Vessel	Peripheral vessel							
	Other (Specify)							
	Musculo-skel (conventional)							
	Musculo-skel (superficial)							

N= new indication; P= previously cleared by FDA; E= added under Appendix E

*Other modes: Color Power Angio, Panoramic, Harmonics (Tissue & Contrast), 3-D Imaging, Directional Angio Imaging, Tissue doppler Imaging


Combined modes: Duplex = 2D + Doppler; Triplex = 2D + Doppler + Color

Previous submission: K014191

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Concurrence of Center for Devices and Radiological Health, Office of Device Evaluation

Prescription Use (Per 21 CFR 801.109)


 (Division Sign-Off)
Division of Reproductive, Abdominal,
and Radiological Devices

510(k) Number _____

K083877

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE FORM

510(k) Number: _____

System: FLYING Diagnostic Ultrasound System

Transducer: D5009V Non-imaging pencil transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation						
General (Track I Only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler	Combined (Specify)	Other* (Specify)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal/Obstetric							
	Abdominal							
	Intra-operative (vascular/epicardial)							
	Intra-operative (Neuro)							
	Laparoscopic							
	Pediatric							
	Small Organ (thyroid, scrotum, prostate, breast)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Card.)							
	Intra-luminal							
	Other (Gynecological)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esoph. (Cardiac)							
	Other (Fetal)							
Peripheral Vessel	Peripheral vessel			P	P			
	Other (Specify)							
	Musculo-skel (conventional)							
	Musculo-skel (superficial)							

N= new indication; P= previously cleared by FDA; E= added under Appendix E

*Other modes: Color Power Angio, Panoramic, Harmonics (Tissue & Contrast), 3-D Imaging, Directional Angio Imaging, iSCAN, Doppler/2D

Combined modes: Duplex = 2D + Doppler; Triplex = 2D + Doppler + Color, Dual

Previous submission: Cleared as D5014V on K014191

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of Center for Devices and Radiological Health, Office of Device Evaluation

Prescription Use (Per 21 CFR 801.109)

(Division Sign-Off)

Division of Reproductive, Abdominal,
and Radiological Devices

510(k) Number

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